

HB 1933-S - DIGEST

(SEE ALSO PROPOSED 2ND SUB)

Provides that, beginning April 1, 2006, every self-insurer or insuring entity that provides medical malpractice insurance to any facility or provider in Washington state must report to the commissioner any closed claim related to medical malpractice, if the claim resulted in a final: (1) Judgment in any amount;

(2) Settlement or payment in any amount; or

(3) Disposition of a medical malpractice claim resulting in no indemnity payment on behalf of an insured.

Provides that, if a claim is not reported by an insuring entity or self-insurer under this act due to limitations in the medical malpractice coverage of a facility or provider, the facility or provider must report the claim to the commissioner.

Authorizes the commissioner to impose a fine of up to two hundred fifty dollars per day per case against any insuring entity that violates the requirements of this act. The total fine per case may not exceed ten thousand dollars.

Authorizes the department of health to impose a fine of up to two hundred fifty dollars per day per case against any facility or provider that violates the requirements of this act. The total fine per case may not exceed ten thousand dollars.

Provides that, beginning in 2006, the commissioner must prepare an annual report by June 30th that summarizes and analyzes the closed claim reports for medical malpractice filed under this act and the annual financial reports filed by insurers writing medical malpractice insurance in this state. The report must include: (1) An analysis of closed claim reports of prior years for which data are collected and show: (a) Trends in the frequency and severity of claims payments; (b) an itemization of economic and noneconomic damages; (c) an itemization of allocated loss adjustment expenses; (d) the types of medical malpractice for which claims have been paid; and (e) any other information the commissioner determines illustrates trends in closed claims;

(2) An analysis of the medical malpractice insurance market in Washington state, including: (a) An analysis of the financial reports of the insurers with a combined market share of at least ninety percent of net written medical malpractice premium in Washington state for the prior calendar year; (b) a loss ratio analysis of medical malpractice insurance written in Washington state; and (c) a profitability analysis of each insurer writing medical malpractice insurance.

Provides that, if the national association of insurance commissioners adopts model medical malpractice reporting

standards, the insurance commissioner must analyze the model standards and report to the legislature on or before the December 1st subsequent to the adoption of the model standards.

Provides that information in a closed claim report filed under this act that alone or in combination could result in the ability to identify a claimant, health care provider, health care facility, or self-insurer involved in a particular claim is exempt from disclosure under chapter 42.17 RCW.